

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39569  
State File No. ....

FILED DEC 3 - 1957

BIRTH NO. ....		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5242</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Bee Branch Twp. 1st</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles south New Cambria</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Bee Branch Twp. 1st</u> d. STREET ADDRESS (If rural, give location) <u>7 miles south of New Cambria</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>MULNIX</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>November 24, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 7, 1891</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>4</u>		11. DAYS <u>19</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>			
11a. BIRTHPLACE (State or foreign country) <u>Chariton County, Missouri</u>				11b. NAME OF HUSBAND OR WIFE <u>Myrtle Whit. Mulnix</u>			
13a. FATHER'S NAME <u>David Mulnix</u>				13b. MOTHER'S MAIDEN NAME <u>Charlotte Shoemaker</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>				15. SOCIAL SECURITY NO. <u>no</u>			
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Mulnix</u>				17. ADDRESS <u>New Cambria, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nemia -</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure -</u> DUE TO (c) <u>Rheumatic heart disease -</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
19a. DATE OF OPERATION <u>—</u>				19b. MAJOR FINDINGS OF OPERATION <u>416X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>3/27</u> , 19 <u>51</u> , to <u>11/24</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11/24</u> , 19 <u>57</u> , and that death occurred at <u>3:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. W. Bohm M.D.</u>				23b. ADDRESS <u>Douglas, Mo.</u>		23c. DATE SIGNED <u>11/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rice Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/27-57</u>		REGISTRAR'S SIGNATURE <u>W. H. Lueders</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lueders</u> ADDRESS <u>New Cambria, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

35  
6

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Howard Myers*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4494*

P. O. Address \_\_\_\_\_

*Macon, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.